

WHAT IS EVIDENCE-BASED DERMATOLOGY?

Although the term 'evidence - based' has been recently introduced, the evidence based idea is very old indeed; in ancient world, Aristoteles placed a rule for all investigators of the time that they should support each of their statements with all available evidence.

In 1991, Sackett defined the term evidence based medicine (EBM) as a conscientious, explicit and judicious use of current best evidence in making decisions about the care of individual patients. Some other authors define EBM as the best way of linking and integrating clinical research with clinical practice.

Until now, our decisions on reaching the diagnosis and especially on the choice of therapy for our patients have been based on data acquired through our experience, from the experience of our colleagues, and from the routine at the particular medical institution. The best therapy for each individual patient is chosen according to these data. However, the problem is that this practice may be obsolete and too infrequently submitted to critical review. In the literature, this model of performance is called 'eminence based medicine'. The result of this approach is that patients are being differently treated at different hospitals, which means that not all patients have due access to the same conditions of medical treatment.

EBM relies on the importance and value of research evidence, however, just the evidence is not enough to make a definitive decision, as it depends on the benefit to risk ratio, cost, physician's experience, and patient's preference.

The most important evidence derives from reviews of controlled randomized trials conducted by different institutions. The most reliable sources of evidence are Cochrane Library (which also includes results of Cochrane Skin Group), Medline, Embase, secondary publications, primary publications, and national guidelines that should not be mistaken for EBM.

As dermatologists, we are interested in evidence based dermatology in particular, which is defined as the use of EBM for people with skin problems. What is specific about the skin?

Skin is a large and visible organ, however, it is not just an organ covering the body but a

sensitive dynamic barrier between the outer world and internal organs. It is also a very important organ of social and sexual contact. All these facts probably are the reason why, unlike other organs where up to some 100 different diseases are usually described, dermatology textbooks list about 2000 different skin conditions.

Skin manifestations can be caused by primary skin disease or some systemic diseases can have cutaneous manifestations. According to literature data, skin disorders affect about 20% of the general population at any time. As skin manifestations are readily visible, they can cause greater distress than other more serious but 'invisible' problems.

As in other disciplines, the past few decades have seen an impressive increase in clinical research in dermatology. Yet, the problem is that the quality of randomized controlled trials in dermatology has not followed the progress in research. What could be the reasons for that?

Here are some possible answers: there are not enough quality randomized controlled trials; in dermatology there are about 1000 very rare diseases with high mortality that could only be reviewed through international cooperation; skin changes are visible, giving patients an opportunity for self-monitoring and therapy modification; there are quite a number of studies reported in popular literature and providing wrong data and wrong picture; and a number of randomized studies are conducted by pharmaceutical industry, thus raising doubt about the reliability of data thus obtained.

How could we make our contribution to solving these problems?

The best way is to publish results of our studies as well as interesting case reports substantiated by controlled data. Only the results published in publications with international relevance have a real value.

And the last but not the least, we are proud to have a journal indexed in two relevant databases (Excerpta Medica/Embase and Excerpta Medica/Medline), which offers us an opportunity to inform the international scientific community on our researches as well as on diagnostic and therapeutic doubts and achievements.

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